



TIAA-CREF Salary Reduction Agreement

Participant Information

Participant Name: _____ Social Security Number: _____-_____-_____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Employees submitting a Salary Reduction Agreement will be automatically enrolled with TIAA-CREF. If you would like to know more about fund groups available for investment through TIAA-CREF, please log on at <http://enroll.tiaa-cref.org/mercer/>

Participant Election

I, the undersigned participant, hereby elect to: (Please select one of the following for BASIC SALARY ONLY)

BEGIN A NEW TAX DEFERRED ANNUITY:

Reduce my basic salary by _____(percentage or amount) on each regular paycheck.

I understand that the amount of such reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into the TIAA-CREF retirement account plan noted above.

I am age 50 or over and the amount stated above includes a catch up contribution of \$_____

I have 15 + years of service with Mercer. The amount stated above includes an additional \$_____ (Your Maximum Contribution Calculation from TIAA-CREF must be attached to this form.)

Make my first contribution on my next regular paycheck.

Make the effective date of this agreement: _____

END MY EXISTING TAX DEFERRED ANNUITY:

Today, for the next check run cycle.

On this Date: _____(month and day), _____(year)

CHANGE MY EXISTING ANNUITY AMOUNT:

Change my existing regular salary reduction amount to _____(% or amount per regular check)
_____=ANNUAL \$

I understand that the amount of the reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into my account within the plan. I further understand that written notice must be received by my employer before the effective date of the modification.

Make my first contribution on my next regular paycheck.

Make the effective date of this agreement as of _____.

In 2012 the general limit for contributions will be \$17,000.00. If you are 50 or over, you can contribute an additional catch up contribution of \$5,500.00. If you are age 50 or over and have 15 years or more service with Mercer, you can contact your retirement vendor for a maximum calculation. All maximum calculations must be attached to the Salary Reduction Agreement form and returned to Benefits & Payroll Administration.

Participant Signature

This election will remain in effect until I revoke it in writing or until I complete a new salary reduction agreement.

Participant Signature: _____ Date: _____

Benefits/Payroll Administration: _____ Date: _____



Salary Reduction Agreement

Participant Information

Participant Name: _____ Social Security Number: _____-_____-_____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Name of Vendor: _____ Account # _____

Participant Election

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On this Date: _____(month and day), _____(year)

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Participant Signature: _____ Date: _____

Benefits/Payroll Administration: _____ Date: _____